

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

33975

## PLACE OF DEATH

County PennsionRegistration District No. 653

File No. \_\_\_\_\_

Township ConcordPrimary Registration District No. 5865Registered No. 134

City \_\_\_\_\_

(No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

## FULL NAME

Frances White(a) Residence, No. 2001 On Oct 30 St. \_\_\_\_\_

Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harville White</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-7-1877</u>		
7. AGE <u>54</u>	YEARS <u>6</u>	MONTHS <u>22</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Macon Miss</u>
	13. NAME <u>Marshall Dantzyler</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Macon Miss</u>
	15. MAIDEN NAME <u>Jumima Massey</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leaf River Miss</u>

17. INFORMANT (ADDRESS) <u>Mary C. Brewer 3127 Hickory</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Concord Mo</u> DATE <u>Oct 1</u> 19 <u>33</u>
19. UNDERTAKER (ADDRESS) <u>J. M. Payne Portersville Mo</u>
20. FILED <u>10-28-1933</u> <u>J. W. Johnson</u> Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) \_\_\_\_\_, 19\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

200B Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

